

**COUNTY OF MILWAUKEE**  
**Inter-Office Communication**

Date: July 25, 2012

To: Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

From: Brian L. Peterson, M.D., Medical Examiner

Subject: Abolish Position of Clerical Assistant I (00000042000157), PR 03P and Create  
To Management Assistant – Medical Examiner, PR 06P

Policy

Milwaukee County Ordinance 17.05(2) describes the procedure and criteria for the submission of abolish and create requests.

Action Recommended

Abolish the position of Clerical Assistant I (00000042000157), PR 03P and create as Management Assistant – Medical Examiner, PR 06P.

Rationale

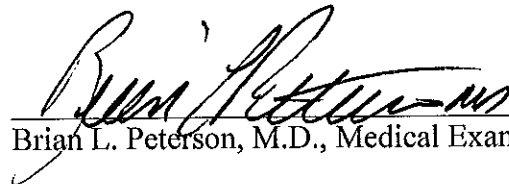
As referral work performed by the Medical Examiner's Office has increased dramatically over the last few years, the Medical Examiner's office is in need of a dedicated position to invoice for the referral work, and also invoice funeral homes for the approximately \$1,400,000 for services provided. This position will also be responsible for the investigating of death certificate discrepancies, and file accurate death certificates with the State of Wisconsin within the timeframes mandated by State Statutes, including mandatory reporting to various entities.

Expanded responsibilities of this position will include assisting in the coordination and invoicing of the Medical Examiner's annual forensic science seminar. Approximately 200-300 professionals attend this seminar from the Midwest, with estimated annual revenue of \$30,000. Expanded duties also include managing the forensic pathologists calendars, with an emphasis on coordinating subpoenas in both criminal and civil court.

The approval of this change in classification will result in no impact on the tax levy. The cost associated with this request will be funded through on-going vacancies of other positions in the Department.

Attached for your review are the current and previous position descriptions for the Clerical Assistant I position in addition to the organizational chart detailing the change.

Thank you in advance for your consideration of this request. Please contact me at 223-1216 with any questions you may have.



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Brian L. Peterson, M.D., Medical Examiner

cc: Patrick Farley, Director, Department of Administration  
Kerry Mitchell, Director, Division of Human Resources  
Craig Kammholz, Fiscal and Budget Administrator  
Carol Mueller, Committee Clerk  
Josh Fudge, Fiscal & Budget Analyst  
James Tate, Human Resources Analyst III  
Mary Dutkiewicz, Human Resources Coordinator

MILWAUKEE COUNTY  
Medical Examiner

POSITION DESCRIPTION

OFFICIAL TITLE OF POSITION: Management Assistant (Medical Examiner)

NAME OF PRESENT INCUMBENT: Vacant

DEPARTMENT: Medical Examiner

DIVISION: Administration

REPORTS TO (Name & Title): Karen Domagalski, Operations Manager

TITLE CODE: POSITION NUMBER: PAY RANGE: 06P

TYPE OF POSITION : (Check One) FT XX PT Hourly Seasonal

PURPOSE OF POSITION: To file death certificate information with the State of Wisconsin in statutorily mandated time frames, invoice funeral homes and other entities, prepare and compile forensic toxicology reports, coordinate physician calendars including scheduling subpoenas, and assist in the coordination of the annual Medical Examiner Forensic Science Seminar.

TITLE(S) OF POSITION(S) SUPERVISED: (must include disciplining and evaluating):  
None

DUTIES: Describe in detail the work you do, listing most time consuming duties first, along with approximate percentages which should total 100%. Indicate "E" if duty is essential.

Description of Duties	% age of Time Spent on Duty	E=Essential Duty
Investigate discrepancies in death certificate reporting, and file accurate death certificate information/statistics with various entities	30%	E
Invoice funeral homes, private autopsies, and consults	25%	E
Prepare toxicology reports for distribution	10%	E
Categorize documents for inclusion in the "OnBase" records management system.	10%	E
Assist in the coordination of the annual ME seminar, including Planning, registration and invoicing.	5%	E
Manage the physicians' calendars, including court subpoenas	5%	E
Provide back up for the reception staff, including answering and directing calls	10%	E
Perform other duties as may be required	5%	E

**KNOWLEDGES, SKILLS & ABILITIES:** Indicate a corresponding knowledge, skill and/or ability required for each of the above indicated duties

Knowledge of Milwaukee County procedures and practices; knowledge of modern office methods; knowledge of spelling, grammar, and punctuation.; knowledge of and skill in the use of various office equipment; data entry skills; organizational skills; oral and written communication skills; skill in the operation of a calculator and personal computer; skill in the use of spreadsheet application; skill and accuracy in handling checks and counting currency; Ability to function independently; ability to multi-task and organize workflow; ability to follow up and resolve problems, as needed; ability to operate personal computer and related software, such as e-mail, word and excel; ability to work in an environment with physically unpleasant or distasteful sights, sounds and smells; ability to maintain a friendly, customer oriented approach when dealing with individuals; ability to work as part of a team; ability to effectively present information and respond to questions from clients and customers; ability to work effectively and harmoniously with others.

**MINIMUM QUALIFICATIONS:**

**Education:**

Possession of high school diploma or G.E.D. equivalent. Completion of courses in business administration, accounting, bookkeeping or criminal justice from an approved college or university, desirable.

**Experience:**

At least one year experience working in a Medical Examiner/Coroner office. Experience with toxicology/laboratory reporting and OnBase data management system required, experience with accounts receivable, and planning and/or coordinating events desirable.

**Licensure/Certification/Registration:**

None

**Physical Requirements/Demands:**

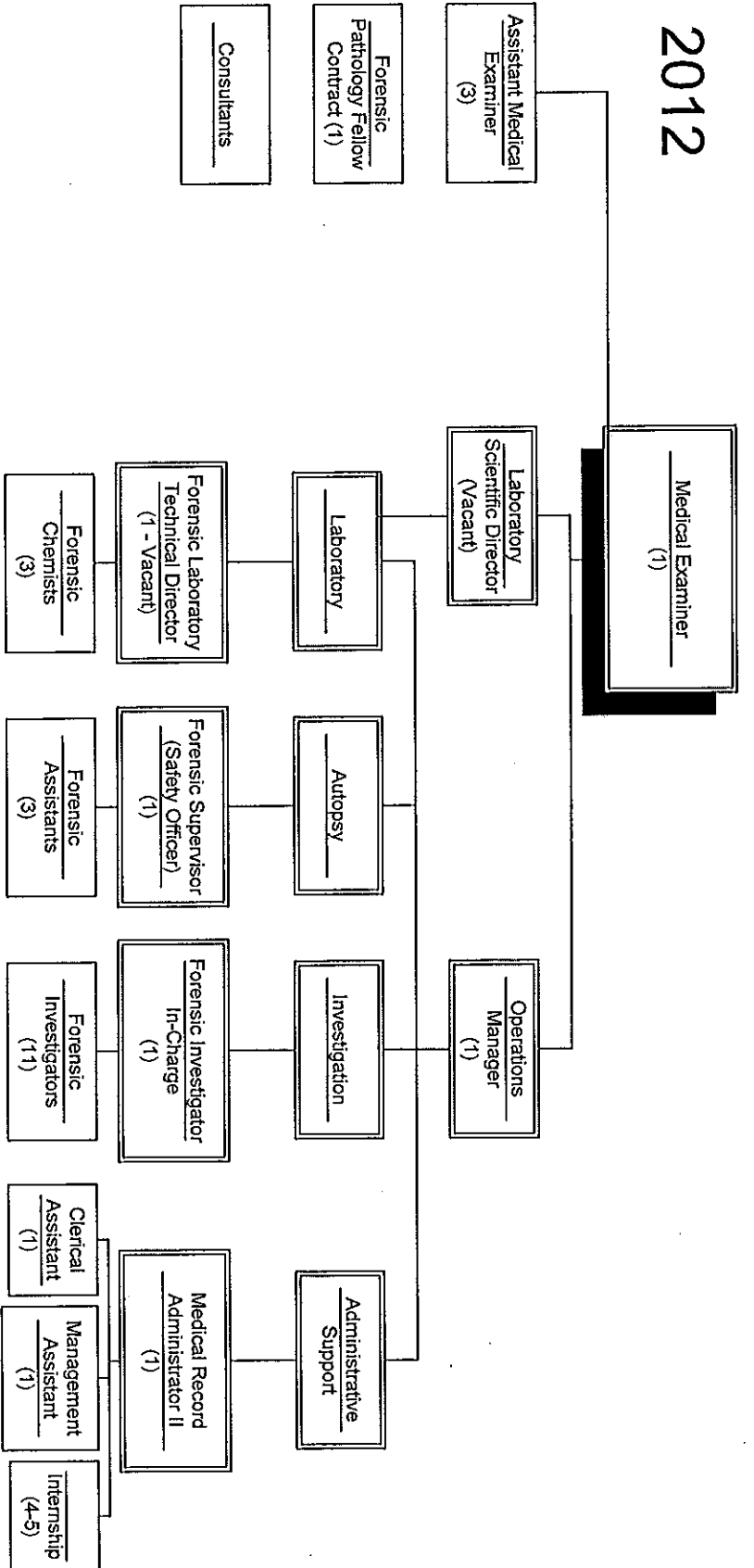
Manual dexterity; able to lift and transfer up to 25 lb; hearing and vision sufficient to perform safely and communicate effectively in office and community; ability to stand, sit or move for long periods of time; ability to work in environment which may include physically unpleasant or distasteful sights, sounds and smells.

**Work Environment:**

Office environment with record retention area in lower level of building, **no elevator**, busy office and laboratory setting with a constant moderate noise level.

Incumbent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor's Signature: VACANT \_\_\_\_\_ Date: 7-26-12  
Department Head's Signature: [Signature] \_\_\_\_\_ Date: 7-26-12

# 2012



MILWAUKEE COUNTY  
Medical Examiner

POSITION DESCRIPTION

OFFICIAL TITLE OF POSITION: Clerical Assistant I

NAME OF PRESENT INCUMBENT: Vacant

DEPARTMENT: Medical Examiner

DIVISION: Administration

REPORTS TO (Name & Title): Karen Domagalski, Operations Manager

TITLE CODE: 00000042000157 POSITION NUMBER: 00000042 PAY RANGE: 03P

TYPE OF POSITION : (Check One) FT XX PT Hourly Seasonal

PURPOSE OF POSITION: Transfer death certificate information from computer to typed form, provide back-up for issuing cremation permits, and back-up for answering and routing telephone calls, and filing.

TITLE(S) OF POSITION(S) SUPERVISED: (must include disciplining and evaluating):  
None

DUTIES: Describe in detail the work you do, listing most time consuming duties first, along with approximate percentages which should total 100%. Indicate "E" if duty is essential.

Description of Duties	% age of Time Spent on Duty	E=Essential Duty
Transfer death certificate information from computer To typed form	50%	E
Answer telephone calls and route to appropriate office/individual	25%	E
Type cremation permits during absence of other clerical staff	20%	E
Perform other duties as may be required	5%	E

KNOWLEDGES, SKILLS & ABILITIES: Indicate a corresponding knowledge, skill and/or ability required for each of the above indicated duties

Knowledge of Milwaukee County procedures and practices; knowledge of modern office methods; knowledge of spelling, grammar, and punctuation.; knowledge of and skill in the use of various office equipment; data entry skills; organizational skills; oral and written communication skills; skill in the operation of a calculator and personal computer; skill in the use of spreadsheet application; skill and accuracy in handling checks and counting currency; Ability to function independently; ability to multi-task and organize workflow; ability to follow up and resolve problems, as needed; ability to operate personal computer and related software, such as e-mail, word and excel; ability to work in an environment with physically unpleasant or distasteful sights, sounds and smells; ability to maintain a friendly, customer oriented approach when dealing with

individuals; ability to work as part of a team; ability to effectively present information and respond to questions from clients and customers; ability to work effectively and harmoniously with others.

**MINIMUM QUALIFICATIONS:**

Graduation from high school or G.E.D. and (1) year of clerical experience required.

**Licensure/Certification/Registration:**

None

**Physical Requirements/Demands:**

Manual dexterity; able to lift and transfer up to 25 lb; hearing and vision sufficient to perform safely and communicate effectively in office and community; ability to stand, sit or move for long periods of time; ability to work in environment which may include physically unpleasant or distasteful sights, sounds and smells.

**Work Environment:**

Office environment with record retention area in lower level of building, **no elevator**, busy office and laboratory setting with a constant moderate noise level.

Incumbent's Signature:	<u>Vacant</u>	Date:	<u>                    </u>
Supervisor's Signature:	<u>[Signature]</u>	Date:	<u>7-25-12</u>
Department Head's Signature:	<u>[Signature]</u>	Date:	<u>7-25-12</u>

PD05

**MILWAUKEE COUNTY FISCAL NOTE FORM**

DATE: July 25, 2012 Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Abolish Clerical Assistant I and create Management Assistant – Medical Examiner

**FISCAL EFFECT:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact                                     | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required  | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures<br>(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues     |
| <input type="checkbox"/> Absorbed Within Agency's Budget   | <input type="checkbox"/> Decrease Capital Revenues     |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget   |  |
| <input type="checkbox"/> Decrease Operating Expenditures   | <input type="checkbox"/> Use of contingent funds       |
| <input type="checkbox"/> Increase Operating Revenues   |  |
| <input type="checkbox"/> Decrease Operating Revenues   |  |

*Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.*

	Expenditure or Revenue Category	Current Year	Subsequent Year
<b>Operating Budget</b>	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
<b>Capital Improvement Budget</b>	Expenditure		
	Revenue		
	Net Cost		



## DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.<sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

No fiscal impact. An employee at the top of the pay scale recently vacated the position. It is anticipated a new hire will be at the lower end of the requested pay range.

Department/Prepared By Karen Domagalski

Authorized Signature \_\_\_\_\_

Did DAS-Fiscal Staff Review?  Yes  No

<sup>1</sup> If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.